

Borderline Personality Disorder and the Disabled Social Experience  
Reading Film through the lens of Mental Disability

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An article published in the March of 2004 issue of *Monitor on Psychiatry* discusses why Axis II personality disorders (PD) were often not a covered diagnosis by insurance companies who otherwise offered behavioral health plans (Kersting 2004, 50-51). Axis II disorders are categorized as life-long problems in contrast to problems such as depression, which are typically episodic. The article quotes psychologist James Pretzer, PhD, of the Cleveland Center for Cognitive Therapy as saying: “For the most part, insurers think personality disorders are a lost cause – something they don’t want to cover”(Kersting 2004, 50). Borderline Personality Disorder (BPD) has a history of being difficult to treat, and as a result, little research has been conducted to show the effectiveness of treatment compared to other mental illnesses.<sup>1</sup> Although the lack of effective treatment for BPD had begun to change in the 1990s, insurers continued to retain the negative perception that this diagnosis is untreatable. Insurance companies saw themselves losing money if they covered BPD treatment because many symptoms are not typically treated with pharmaceuticals alone (if at all), and the disorder typically cannot be treated in a set amount of sessions; it requires extensive individual therapy and is sometimes coupled with group sessions (Linehan 2014, 3). While the Diagnostic and Statistical Manual of Mental Disorders (DSM) no longer uses the Axis system to differentiate between Axis I symptoms and Axis II personality disorders and The Mental Health Parity and Addiction Equity Act of 2008 forced insurance companies to end these discriminatory practices, this scenario represents one shocking instance of the stigma that surrounds BPD, rendering individuals as “lost causes” for medical practice and threatening their ability to have a role in society at large.

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1. John G. Gunderson, “Borderline Personality Disorder: Ontogeny of a Diagnosis,” *The American Journal of Psychiatry* 166, no. 5 (2009): 530-539. In the 1980s, the increase in research on BPD coincided with the transition to a focus on biological psychiatry. However, Gunderson notes that unlike other psychiatrically defined illnesses, the research on BPD was conducted without federal funding.

As we will see, society and social institutions, particularly in a Western, American consumer society, regularly embody the borderline diagnosis from which both science and culture seem to want to distance themselves. One of the common symptoms of the BPD sufferer is what is often referred to as black-and-white or all-or-nothing thinking (Linehan 2014, 291). BPD patients will see one negative aspect of a situation and believe that the one aspect renders the entire situation worthless. For example, an individual with BPD might have had a negative experience in a relationship, and they then take that one instance as evidence that all relationships are negative. Their instinct might be to give up on relationships all together. Similarly, the insurance companies saw BPD as not being treated effectively in their standard short allotment of therapy sessions, and this was seen as negatively affecting their economic success. Since BPD didn't meet their standards of recovery, they chose not to cover the diagnosis at all (Kersting 2004, 50-51). This is the epitome of all-or-nothing, black-or-white thinking. Unfortunately many other social institutions today don't allow for the realistic occurrence of a gray area; somewhere between all and nothing. In fact, many more similarities have been drawn by psychologists and social theorists between BPD symptoms and American consumer society. Although we may understand the behavior of the insurance company as economic business practices, the medical model establishes parameters for how to view those who suffer from BPD without any particular consideration of how or why those symptoms came to be. By solely focusing on identified symptoms, this model similarly categorizes individuals in an all-or-nothing manner, which shows a lack of understanding of the gray areas of individual experience, and, in turn, perpetuates the stigmatization of BPD that extends beyond the bounds of medicine into culture.

In contrast to the model that merely refers to behavior as symptoms with which society can disregard, thereby disqualifying the concerns of the diagnosed, this essay places value on the subjective experiences of the “untreatable” BPD sufferer in order to reveal what BPD can teach us about society at large. Erving Goffman (1963) suggests stigmatized individuals are those who are perceived by the societies they live in to deviate from cultural norms and related social fantasies of perfection (5). Those with BPD are said (in those social discourses, including medicalized discourses) to fall outside of cultural norms of emotional expression, behavior, and mental processes. The category of mental illness – what I term mental disability – discredits the voices of individuals as incapable of contributing to social discourse and contesting actions that affect them personally.<sup>2</sup> My research provides a voice for the experiences of BPD and shows that what can be said to be a clinical diagnosis of a select few can be more widely applied to reveal how sociocultural practices influence our behavior and ideas.

This essay proceeds in three parts. First, I examine the historical emergence of borderline as a psychiatric diagnosis. Second, I address how symptoms of BPD relate to contemporary Western issues of self and identity. Finally, confronting the vexed diagnosis of BPD alongside its therapeutic model Dialectical Behavioral Therapy (DBT), I analyze three experimental films – Maya Deren and Alexander Hammid’s *Meshes of the Afternoon* (1943), Maya Deren’s *At Land* (1944), and John Akomfrah’s *Handsworth Songs* (1986) – that engage an aesthetic of self-transformation and human variation. Drawing on Tobin Siebers’s use of disability as an aesthetic value in modern art, these films reveal how “symptoms” of strong emotion, varied behavior, and differing mental experiences draw upon social and cultural sources. I’ll consider these readings

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2. My reasons for choosing this terminology are twofold. First, in her article “Defining Mental Disability”, Margaret Price (2013) speaks of the term as a way to foster a sense of community and understanding among the disparate forms of dis/ability (305). Additionally, I use the term to echo Lennard Davis’s (2002) statement that disability is a that condition has been turned into a negative by society, which then causes barriers to access (12).

in relation to Lennard Davis' concept of the dismodernist subject, which focuses not on a medical model but on a nuanced model of human rights that perceives difference as what unites individuals. Through a reading of how these films use stigmatized "symptoms" of BPD to express problematic issues of identity, I propose that these films can convey what social transformations would need to be implemented to bring about a dismodern subject.

### *An Elusive Diagnosis*

The term "borderline" was first used in 1938 by Adolph Stern (1938) to describe a growing number of patients who did not fit into either the neurotic or psychotic categories of psychology (467). Neurotic patients were those who could be treated successfully with psychoanalysis, while those labeled psychotic were unaffected by this therapy. From the very introduction of this term into psychological discourse, it was used to describe a patient that was difficult to treat; a patient who challenged the effectiveness of psychoanalysis' therapeutic means. Some criticized the naming of the diagnosis because by creating a borderline group, psychoanalysis was able to hold its position as an effective treatment for cases of neurosis (Gunderson, 2009). Instead of considering the potential incompleteness of the treatment, a new classification of disease was created that placed these patients somewhere between treatable and untreatable. The patient, not the therapy or therapist, was seen as problematic. Despite these considerations in the early days of the diagnosis, the name and the view of BPD as difficult to treat have persisted. Additionally, these first writings on this new group of patients also contributed to the construction of symptoms, specifically "stable instability" and an unstable sense of self, which are still recognized today.

The history of BPD's diagnosis and classification seems as unstable as the patients themselves are said to be. The term was originally used to suggest a tendency for borderline schizophrenia. It was decided in the 1970s that borderline was not related to schizophrenia, but there was still confusion in 1980, when BPD appeared in the DSM, about what exactly it was and how it could be treated. Others proposed that it was an atypical form of depression until clinical research suggested that it was its own separate classification of disease. Feminist psychologists and clinicians also began to acknowledge the critical overlap in symptoms with PTSD (post-traumatic stress disorder), and as research found that many BPD patients had a history as victims of abuse (70%), they questioned whether the diagnosis was in actuality pathologizing and blaming victims.<sup>3</sup> It has been acknowledged relatively recently that "about 90% of patients with the BPD diagnosis also share at least one other psychiatric diagnosis" (Gunderson, 2009). Some express concern that this diagnosis has become a catch-all for symptoms that don't fit properly into DSM's constructed categories of illness. Despite all this uncertainty, BPD remained its own distinct diagnosis while researchers still had little understanding of what to do to ease the suffering of the patient with BPD. Finally, in the 1990s, BPD came to be described as an emotion dysregulation disorder, which helped to "explain [BPD's] comorbidities and its spectrum relationship with other disorders" (Gunderson 2009). However, in the contemporary model of biological psychiatry, its lack of successful pharmacological and therapeutic treatment has still caused uncertainty.

Today, BPD, which is said to affect 1.4%-5.9% of the population, is described in the DSM-5 (Diagnostic and Statistical Manual of Mental Illness) as "a pattern of instability in interpersonal relationships, self-image, and affects, and marked impulsivity" (American

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3. For further analysis of the commonalities between BPD and PTSD see Dana Becker, *Through the Looking Glass: Women and Borderline Personality Disorder* (Boulder: Westview Press, 1997), 70-78.

Psychiatric Association, 2013). For one to qualify for the medical diagnosis of BPD, an individual must have at least five of the following symptoms:

1. Frantic efforts to avoid real or imagined abandonment. (Note: Do not include suicidal or self-mutilating behavior covered in Criterion 5.)
2. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.
3. Identity disturbance: markedly and persistently unstable self-image or sense of self.
4. Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating). (Note: Do not include suicidal or self-mutilating behavior covered in Criterion 5.)
5. Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior.
6. Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).
7. Chronic feelings of emptiness.
8. Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights).
9. Transient, stress-related paranoid ideation or severe dissociative symptoms (American Psychiatric Association 2013)

These symptoms of self-destructive behavior, physical self-harm, feelings of emptiness, and intense emotion demonstrate the real suffering experienced by patients. At the same time, it is apparent that in many ways BPD is significantly categorized by instability. Drawing on sources from both the medical and cultural spheres, I would like to foreground the idea that this suffering is in part caused by a lack of sense of self.

It is beyond the scope of this work to discuss the many theories of the self that have been written. However, it is important that I lay out the basic understandings of the self that informs

this essay since BPD is primarily written about in relation to a lack of self, an empty self, or an unstable self. As we will see in the text that follows, these ideas are critical to understanding borderline's relevance in the contemporary cultural sphere. In her article "Spirits and Selves in Northern Sudan: The Cultural Therapeutics of Possession and Trance," Janice Boddy (1988) describes the self as "a theoretical construct [that] can be provisionally conceptualized, not as an entity, but as a creative energy or process, which actively engages the world, integrating the human biological organism with its physical and sociocultural environments, continually moving, becoming, maturing, making and organizing meaning" (16). According to this model, the self is a process that oscillates between two points: culturally determined meaning and critical subjectivity. It takes experience and makes meaning through one's sociocultural environment, but it is also able to be critical of that culturally created meaning to allow for individual growth. Boddy suggests that the Hofriyati woman's selves are overdetermined by culture and what we call neurosis in Western society is, in contrast, overdetermined by subjectivity.<sup>4</sup> Being overdetermined by subjectivity leaves an individual without the ability to locate themselves and make sense of their experience through a singular cultural context. In the case of BPD, an individual has the ability to be aware of the individual. While they may attempt to orient themselves in a single space that gives an understanding of what is right or wrong, important or unimportant, they end up finding not one but a plethora of possibilities in their postmodern environment. An individual finds that adhering to any one moral understanding of the world can mean being invalidated by another moral understanding. In order to deal with these

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4. Janice Boddy, "Spirits and Selves in Northern Sudan: The Cultural Therapeutics of Possession and Trance," *American Ethnologist* 15, no. 1 (1988): 4-27. In her article, Boddy sights the multiple, everyday events in Hofriyati society that signify women's place within their culture. However, when a woman's experience fails to coincide with these significations, practices of possession are used to renegotiate meaning and reincorporate women into their cultural context.



contrasting viewpoints, a BPD patient will shift their ways of making sense of the world according to their social environment in order to avoid invalidation.

Marsha Linehan developed Dialectical behavioral therapy (DBT) in the 1990s as a treatment for BPD, especially those who were chronically suicidal. Through her research, Linehan (2014) came to describe the patient with BPD as having a sensitive predisposition and as having experienced an invalidating environment (7-9). This branch of cognitive behavioral therapy draws on the ideas of the Eastern philosophical tradition and focuses on teaching patients skills of mindfulness, radical acceptance, a nonjudgmental stance, and emotion regulation.<sup>5</sup> With the stigma that still surrounds these patients as being difficult to treat and the fact that it is the “only major psychiatric disorder for which psychosocial interventions remain the primary treatment,” other psychologists and sociologists have proposed what the sources of this invalidating environment might be (Gunderson, 2009).

In their book *I Hate You- Don't Leave Me*, a work that seeks to understand personality disorders, Kreisman and Straus suggest that our own environment contributes to BPD symptoms by socializing individuals in a world full of contradictions. They refer to this as “The Borderline Society” (1989, 60-82). We are constantly bombarded with opposing messages about what cause is worthy of our attention and which religion or political affiliation provides the path to salvation (66). The media rapidly shifts back and forth between stories of hunger, disease and images that promote affluence. Simon Gottschalk (2000), in his essay “Escape from Insanity: ‘Mental Disorder’ in the Postmodern Moment,” states that one would have to be borderline just to keep up with our current world (30). When expert knowledge is quickly contested by a new study or

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5. See Marsha M. Linehan, *DBT Skills Training Manual* (New York: The Guilford Press, 2014).

technological advancements make products obsolete in a matter of months, we can see characteristics of instability and discontinuity as strategies instead of pathology. “We would be naïve to believe that the cumulative effect of all this change – the excruciating pull of opposing forces – has no effect on our psyches” (Kreisman and Straus, 1989, 67). Priorities, values, and a sense of self become more and more difficult to keep constant as we try to find a balance between these conflicting demands. One’s values can be quickly invalidated in a culture characterized by intense change and loudly out-spoken, extreme opposing viewpoints. In order to avoid this invalidation, one may internalize this “mythical polarity” (this all or nothing attitude) that exists in multiple aspects of Western, particularly American, society.

Additionally, Kreisman and Straus (1989) suggest that, within this contemporary environment, many Western cultures lack “social rapprochement” (65). This is described through psychological discourse as part of a “separation-individuation phase” in which an infant separates themselves from the mother, but returns to her as a comforting anchor (65). When this process is disturbed, “a lack of trust, [unstable] relationships, emptiness, anxiety, and an uncertain self-image” emerge (65). Kreisman and Straus assert that our own fractured society contributes to this lack of social rapprochement. People change geographical locations more frequently and ties to community are often weak. Today, the possibilities for a moral order in which a person can make sense of their place in the world are numerous. In this globalized environment, critical self-awareness increases, but a singular sense of self, a moral order, a social rapprochement has become more difficult to determine. In an attempt to gain control of their environment, to find comfort, people may turn to pathological behaviors such as eating disorder, drug abuse, or other forms of self-harm (65).

Due to the fact that women make up 70-77 percent of BPD diagnoses, other writers have looked at BPD and the unstable sense of self through the place of women in society. The often multiple contradictory, unrealistic, societal expectations that a woman may internalize also place her in-between symbolic orders (motherhood, nationalism, religion). Again, there exists an awareness of the individual, but an inability to fully locate oneself in any single cultural, moral framework. Additionally, to occupy these extreme contradictions simultaneously is impossible. The best one can do is to develop hyperawareness of social situations and adapt one's identity accordingly to avoid invalidation.

Not coincidentally, people diagnosed with BPD are often described as having a keen social awareness and social adaptability. In her essay "Border Disorders," Susan Cahn (2014) quotes clinicians who suggest that the borderline patient "may reflect disturbed identity masked by mimicry, a form of rapid and superficial identification with others" (263). In going so far as calling this identity "disturbed," clinicians reflect the stigma and misunderstanding of the diagnosis that still exists in the field of medicine, and psychology's focus on the individual. The need to identify with others comes from a desire to have borders, to have a way to fit into the symbolic order and, at the same time, to be recognized as a legitimate subject (Cahn 2014, 276). An unstable sense of self is more productively seen as a struggle to legitimate the self through a moral order and avoid invalidation in a rapidly changing environment that so often neglects the subject positions of women and other oppressed groups. In this way, I would suggest that a stable sense of self is very much a position of privilege. The BPD patient's sense of self shifts rapidly to ensure that one fits into the symbolic order of their current environment which works as a strategy to prevent invalidation and social disqualification. Paradoxically, this attempt to avoid such disqualification creates such psychic and emotional stress that the individual again falls

under a category of abnormality. The borderline subject with its stable instability of self can be understood as a mentality that understands the malleable nature of identity and recognizes the social disqualification that comes with not fulfilling their position in any given moral order. It is the ability to have a critical distance from cultural norms, but no single moral order that offers social rapprochement.

I propose that this unstable self of BPD can provide further understanding of Lennard Davis's concept of dismodernism. Davis addresses the current state of identity politics, particularly in the United States, and finds that, as we have already seen, defining one's identity has become increasingly more difficult due to the proliferation of or the differentiation within identity categories. To understand this fractured and unstable notion of identity that Davis discusses, it is important to note that:

[m]odernist institutions, as nurtured within the Enlightenment, and fulgently flowering within the present century, are importantly premised on the assumption of persons as quintessentially interior, that is, imbued with an inner domain of selfhood – replete with rational capacities, observational sensitivity, emotional and motivational wellsprings, and the capacity for conscious choice. (Gergen, 2000, 100)

When the modern subject is unstable, it is due to the fact that they are not living up to these ideals. But this instability allows for growth and a critical look at the modernist ideology of the self. Postmodernist identities become more numerous in the sense that specific social identities are provided a voice that had been previously denied, but these groups are increasingly fractured as diversity within these groups continues to be identified. Postmodern theory also begins to analyze the social construction of identity within the symbolic order (Davis 2002, 12-13). The internal self and all the qualities attributed to it are instead seen as reliant on sociocultural relations. This deconstruction however, leaves us without a single symbolic order through which

we make meaning of our world (13). Instead there are many more ways in which an individual can perform as identity is continually fractured. Identity politics, through deconstruction and providing a voice for the marginalized, has succeeded in taking a critical stance towards oppressive dominant ideology; however, it doesn't create a means for the individual to deal with the fractured identities that it produces.

Although Davis sees the current work of identity politics as being important, he also suggests that these discourses have run their course in their ability to produce equality. "The fracturing of identities based on somatic markers will eventually be seen as a device to distract us from the unity of new ways of regarding humans and their bodies to further social justice and freedom" (Davis 2002, 30). The exclusivity of identity categories makes it difficult to see that all intersect with "the mechanism of disablement," disablement being the process that turns a quality "into a negative by creating barriers to access" (13). He suggests instead that difference and social dependence should be the new moral order that unites us. Instead of the complete, autonomous subject, difference and dependence should be what is normal and it should be society's role to accommodate that difference and create equality. Dismodernism proposes the stable instability of the disabled subject as representative of this position. It unifies the fracturing of identity within postmodernism by radically accepting instability and the need for accommodation. Individuals often move in and out of states of disability throughout their life-time and this instability is due to changes in technology, environment, and society. Cures are found, accidents happen, and different qualities come to be seen as limitations. The ethic of caring about the body allows us to focus on "the oppression of so-called abnormal bodies" and how bodies have been used to make meaning (28).

As Davis is considering how to unify group identity, BPD retains a consideration of this ethical point of view from the standpoint of the individual. People with BPD are without a form of social rapprochement, or without a comforting anchor through which they may make sense of their world. Their identity becomes fractured in an attempt to avoid invalidation in a social environment that contains multiple, often contradictory, ways of making meaning. Identity politics have also become fractured in their attempt to maintain a critical stance against oppressive dominant ideologies. In this sense, group identities also lack a form of rapprochement through which a new form of human rights can be implemented. Dismodernism offers that renewal of relations for identity groups, and Dialectical Behavioral Therapy (DBT) offers a form of rapprochement for individuals. By addressing the parallels between the fracturing of group identity and the fracturing of the self, I explain through the reading of three films how BPD and DBT offer understandings of what processes on the individual level must occur to bring about a dismodern subject.

### *Filming BPD*

What I propose is that this unique diagnosis can support an understanding of contemporary Western society in which relations and contexts are rapidly dissolved and reformed. By reading three films through the diagnosis of BPD and its treatment of DBT, I aim to show how these artists create images of the struggle of individuals and groups in this borderline society in order to bring about greater understanding and equality. In his book *Disability Aesthetics*, Tobin Siebers argues that disability is an aesthetic of modern art that has allowed artists to reconsider what it is to be human. It is an aesthetic of human variation and transformation (Siebers 2010, 40). This art complicates our understanding of aesthetics which is

typically reliant on the ideals of perfection and normalcy. These aesthetics based on the ideal can be used to disqualify individuals with disabilities. By recognizing and accepting disability's role in art, by embracing the aesthetic of disability, Siebers suggests that it allows us to also accept disability itself (40). We no longer use human variation as a way to signal inferiority. The use of disability aesthetics when reading art creates a way to focus on the social meanings of disability instead of the medicalization of individuals.

Before I continue with these reading, I want to express that I am in no way suggesting that the entirety of Western culture is suffering from BPD. Additionally, I am not suggesting that these filmmakers or the characters/people that their films portray have BPD. At the same time, I am saying that patients with BPD are a symptom of a larger societal trend: "In truth, what we are calling individual 'psychopathology,' and are treating as such, are only the more extreme cases of a collective suffering in which we all take part in accordance with our individual constitution and character".<sup>6</sup> Patients with BPD are only more sensitive to these problematic issues of identity than others. By observing BPD symptoms through film, which through the manipulation of time and space can communicate the reasons for these unstable identities, we can both lessen stigma surrounding the disorder and understand a more effective way of developing a symbolic order through which we can make sense of our unstable environment.

Maya Deren's films are appropriate for a BPD reading not only because of their content but also because of Deren's understanding of the artistic uses of film. Deren was the child of Russian immigrants to the United States and came to study politics, poetry, modern dance and film throughout her short life. At the time that Deren made her first film, *Meshes of the*

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6. Davis Michael Kleinberg-Levin, *Pathologies of the Modern Self: Postmodern Studies on Narcissism, Schizophrenia, and Depression*. (New York: New York University Press, 1987), quoted in Simon Gottschalk, "Escape from Insanity," in *Pathology and the Postmodern*, ed. Dwight Fee (London: Sage Publications, 2000), 37.

*Afternoon* (1943) with her husband Alexander Hammid, Hollywood was forming a market that had its own established categories of subject/object, good/evil, complete/incomplete and formed a film language that very much promoted these categories as inherent. Deren herself wrote about her disappointment with traditional commercial narrative film and about the artistic possibilities that remained untapped in film as an art form. Her criticism of commercial film comments on the ways in which the motion picture industry maintains a strict hierarchical dichotomy between abnormal and normal states of mind. In contrast, she praises the ways that film as an art form can serve as expression for the problems of unstable identity.

In her essay “Cinema as an Art Form,” Deren (2005) suggests that when we call art ‘creative,’ what we are saying is that “it *creates* a reality and *itself constitutes* an experience”(22). She compares this to Hollywood film and suggests that “the best use of cinematic form appears in those commercial films which seek to describe an abnormal state of mind and its abnormal perception of reality” (22). This type of cinematic form is evident in horror films or psychological films. But the goal in these films’ narratives is to “fix” this state of mind by bringing it back to its “normal condition.” Deren sums up this observation by stating: “. . . the imaginative experience which is, for the artist, a desired normality, is, for the motion picture industry a dangerous, psychic illegality” (23). For Deren, art seeks to understand and share subjective experience, and she insists that this approach does not make film inaccessible because the emotions expressed through the medium are universal.

Secondly, Deren contextualizes film by acknowledging the other types of knowledge and technology that developed during the same time period. The theory of relativity, the airplane, and the radio influence human ideology, but Deren (2005) argues that they are also products of, or influenced by, human ideology (30). According to Deren, the airplane and radio created a



“relativistic reality of time and space” (30). She compares this with an absolutist philosophy of time and space; a time and space that is defined and stable. Essentially, developments in transportation and communication collapse distinctions between different times and different spaces. Both here and there, or then and now, become equally accessible. Instead we find that we must reframe each object from a relative standpoint. An object’s value is not inherent but created through its relationship to other objects. Value is relational and not absolute. It is subject to constant change as relations are often dissolved and built new. Deren states that, “[t]he individual, deprived of the absolutisms which moulded the moral patterns of his life, is faced with a critical, desperate need to discover in himself an integrity at once constant enough to constitute an identity, and adjustable enough to relate to an apparently anarchic universe . . .” (31). This awareness of relativity and the lack of moral order reflect the conundrum in which patients with BPD find themselves. How does one develop an identity while also existing in a world where objects occupy an unstable position in an ever-changing frame of reference? Deren believes that film can serve as an expression for these problems.

*Meshes of the Afternoon* begins from the point of view of a woman, played by Deren, picking up a flower on the sidewalk and ascending a set of steps that lead to the front door of her home. The woman’s hands are shown pulling out a key, and when she enters her home, she finds domestic objects in disarray. From her point of view, a knife is shown to fall from a loaf of bread on a kitchen table and the phone has been left off the hook. Traveling upstairs to the second floor of the home, the woman’s hand reaches to turn off a record player in an otherwise ordinary, austere bedroom. Finally, the woman returns down the steps and reclines in a chair facing a large window, which overlooks the walkway from which she entered. We see a close-up of her eye as

she falls asleep in the chair. This first series of events is all portrayed without revealing the woman's face.

The camera then peers out the window to see a cloaked figure with a mirrored face. Out the window, the same woman runs after the cloaked figure, but it escapes her. She then turns to ascend the steps that lead to her home. The woman's face is revealed for the first time as she enters. This doubling of the character and the fact that we only now see her face creates the woman as both observer and observed, subject and object. When the woman enters the house for a second time, she finds different objects in disarray, which signals a different version of the relative self. This time when she attempts to ascend the stairs of the house, it seems as if gravity has been altered; her steps become strenuous leaps. She finds the phone off the hook in the bedroom and the knife is now sitting on the bed. She catches her reflection in the knife and swiftly covers it with the bed sheets. In her book, *Maya Deren: Incomplete Control*, Sarah Keller (2015) suggests that when the knife "offers shots in which the protagonist's eyes appear reflected, . . . the subjectivity established so painstakingly by the sequence at the beginning implies potential violence . . ." (53). One of the symptoms of BPD is self-damaging behavior, often acted out through self-mutilation. This is understood by some as a strategy for avoiding the emptiness, the dissolution of the self or the fragmentation of self from which patients suffer.<sup>7</sup> Pain becomes a way to feel as if there is something real and grounding in an unstable environment. In *Meshes*, the knife, signaling violence and physical pain, is the only way to develop a sense of intactness or social rapprochement. However, the woman is conflicted as she quickly rejects this violent reflection and the intactness that it offers. When the woman finally returns down the stairs, she observes herself asleep in the recliner.

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7. Janet Wirth-Cauchon, "A Dangerous Symbolic Mobility: Narratives of Borderline Personality Disorder," in *Pathology and the Postmodern* ed. Dwight Fee (London: Sage Publications, 2000), 149.

This second version of the protagonist looks out the window to see yet another version of her attempting to chase the cloaked figure. When the figure escapes her, she again turns to climb the steps leading to the house. This third version of the protagonist enters the house and follows the cloaked figure up the stairs. Again, this ascent upstairs is arduous, this time thrashed back and forth as if on a ship navigating turbulent waters. As she reaches the top step, she struggles to see her reflection in the mirrored face of the cloaked figure before it disappears into thin air. This repeated attempt to chase down the cloaked figure and observe herself in the mirrored face signals an attempt to find a stable sense of self. However, the cloaked figure, her stable sense of self, always escapes her, and instead, another version of the protagonist enters the film.

The cycle repeats itself yet again. This third self watches a fourth self running after the cloaked figure and then abandoning the chase to enter the house. This fourth self enters the house, this time holding the knife from previous scenes, and goes to sit down at a kitchen table with the other two selves. As the multiple selves congregate around the kitchen table, the original protagonist remains asleep in the armchair. When this most recently introduced self places the knife on the table, it turns into a key. The three selves sit around the table taking turns picking up the key, but when the last self picks up the key, it turns back into the knife. The fourth self, now wearing a pair of reflective goggles, takes the knife and approaches the original protagonist asleep in the armchair. As she approaches the original protagonist, the shot is intercut with dissonant shots of this threatening multiple self walking through tall grass on a beach. This multiple self positioned on the beach signals the fluidity of the self as well as the fluidity of the spatiotemporal environment that the multiples represent. The fluidity of the self, the lack of determined meaning, becomes the cause of suffering and the demise of the stable self.

As this fourth self with the knife reaches the original woman asleep in the armchair, the woman wakes up and throws her hands over her face defensively. However, the person in front of her is no longer her double but a man who kisses her, warmly reaches out to her, and lifts her out of the chair. He leads her upstairs to the bed, while carrying the flower from the very first shot of the film. The man places the flower on the bed and the woman lies down next to it. A close up of her face shows the flower next to her head suddenly replaced by the knife, which she grabs and impulsively swings in the direction of the man's face. But when the knife strikes, what appeared to be the man's face shows to be merely a reflection in a mirror. The shards of mirror fall revealing ocean waves behind it.

Another significant symptom attributed to BPD is the idea of unstable interpersonal relationships, often characterized by shifting between extreme idealization and devaluation (American Psychiatric Association 2013). Idealization is typically due to a patient with BPD's ability to stabilize themselves, albeit briefly, in relation to others. However, if this sense of self is invalidated in any way, this grounding relationship fails to provide comfort, and the individual is again set adrift in instability. Similar to the symptom of self-damaging behavior, those diagnosed with BPD will also often create emotional distress through relationships as a way to ground themselves in the experience of strong emotion. The fact that the man's face turns out to be a mirror represents the futility in attempting to stabilize the self in this relationship. This is reinforced by the fact that behind the broken mirror that previously reflected the man's face lays rolling ocean waves.

The final scene shows the man enter the house with the flower, seeing the interior of the house in disarray, and finally finding the woman dead in the armchair, covered in seaweed and shards of mirror. It is this inability to find anything stable (herself, her partner, objects in the

house) that leads to the character's demise. In *Meshes*, symptoms of BPD are apparent in these multiple selves and the desperate attempts to find a single sense of self through which meaning can be stabilized. The reoccurrence of mirrors and the multiplication of the woman in the film create a conflicting binary between self and other. Sarah Keller (2015) states: "[m]irrors for Deren thus work along the lines of managing binary relationships, the most prominent of which is self/other. The tension between these is most ably expressed through the film's murderous desire to eliminate the divide between self and other, or rather, to eliminate the other, which is also the self as depicted here" (53). The conflict between the self, a stable interior identity, and the other, multiple identities that are reliant on social relations, is shown in the multiples' desire to murder the self. This resonates with the BPD symptom of frequent suicide attempts. In this way, suicide attempts are more clearly understood as a conflict of identity that seems to have no resolution in a society that offers only a relative sense of self without any social rapprochement.

One of the ways that Deren finds expression for these issues of identity is through the use of a film structure based on "circular logic" (Keller, 2015, 53). The repetitive nature of the film does not offer the usual narrative path towards resolution. Instead, meaning is discovered through repetition. It avoids the typical definitive resolution of commercial film that often defines elements of the narrative as distinctly good or bad, right or wrong. This narrative technique echoes the Dialectical Behavioral Therapy (DBT) skill of a nonjudgmental stance (Linehan 2014, 155). DBT emphasizes a nonjudgmental stance in order to create mindfulness in the individual and create emotional stability. The nonjudgmental stance encourages patients to engage in observation instead of ultimately and strictly categorizing experience as good/bad or right/wrong. By not categorizing or judging, a person can achieve what Deren (2005) refers to as "innocent receptivity," which, as she insists, "permits the perception and the experience of the

new reality” (23). Without fighting a new reality or experience in a fluid and unstable existence, the experience becomes more tolerable and can even permit understanding. It seems that this practice of a nonjudgmental stance is not only helpful to patients diagnosed with BPD, but it could in fact aid in the implementation of a dismodernist ideology which encourages the view of all individuals as nonstandard instead of categorizing bodies as abnormal. If the dismodern subject is in fact an unstable one, our ability to tolerate and understand this instability is dependent upon our ability to be nonjudgmental and refuse to divide, categorize, and marginalize individuals.

Deren’s second film, *At Land*, created in 1944, retains this refusal to categorize, or as Sarah Keller (2015) describes it, it retains a sense of incompleteness (90). The title itself is a kind of play on words. Typically we think of the phrase ‘at sea’ to mean being confused or without any solid foundation. Here, Deren subverts our typical assumption of land as being a stable, defined place. At the same time, this second film puts more emphasis on the relationship between the individual and the surrounding world. The film starts with a woman, again played by Deren, being washed up on a beach. The woman climbs up a large piece of drift-wood on the shore, which leads her to a banquet hall. She climbs onto a long table, and as she climbs across the table, crowded by seated guests, the scene is intercut with shots of the woman climbing through a dense brush. The disparate environments connected through the individual protagonist signals the overwhelming pressure placed on the protagonist by the rapidly shifting outside world.

As the woman reaches the opposite end of the table, where a man has just abandoned a chess game, she watches as chess pieces move unaided by human hand to different positions on the board. This chess game and the woman’s undetected climb across the banquet table echo the

kinds of interpersonal difficulties pathologized in BPD. The crawl through a social environment intercut with a crawl through a thick mass of brush signals how much of an arduous task social interaction can be. The chess pieces indicate that one's strategy both on the chess-board and in social situations changes depending on the relation of the pieces at any given moment. This continually shifting position produces no core inner self as goals, motivation, and strategy are determined by outer reality.

As the woman watches the chess pieces move across the board, a single pawn falls off the edge of the table, and the next shot shows it traveling down a stream of water. The woman jumps off the table to follow the pawn only to have it always slightly out of reach. The fact that she is specifically chasing the pawn piece signals that she does not occupy a position of power in a larger game. The pawns are especially vulnerable to this lack of stability as they can easily be knocked off the board depending on their relative position to the other pieces. Similarly, marginalized individuals can be more easily invalidated or disqualified by powerful individuals or institutions. This creates the need for an unstable self that can socially adapt to avoid invalidation.

The next scene depicts the woman walking down a dirt road accompanied by a man. They converse as they walk forward, but every time the woman looks up, a different man appears. As with other environmental discontinuities in the film, the woman's body fluidly connected with disparate environments and individuals suggests that she is inundated with multiple social/environmental pressures. The last man walks more briskly, but casually, down the road and into the door of a cabin. The woman struggles frantically to catch up with him, both running and reaching out to him. The woman follows the man and enters the cabin through a hole in the wall. Her frantic effort to avoid his seemingly casual abandonment reflects the first

diagnostic criteria in the DSM attributed to individuals with BPD. The woman is content as she walks down the path with the different men because she finds her identity in relation to others, but this sense of identity is fleeting. As soon as the man leaves her side, she struggles to regain her position in relation to him. The frantic effort to avoid abandonment is motivated by the fear of the empty self that lies beneath this encounter.

Shortly after entering the cabin, she travels through a series of doors until she finds one that leads to a cliff overlooking the beach. She climbs down onto the shore and begins urgently collecting armfuls of large rocks. Abruptly, she abandons her rock collecting, distracted by two women playing a game of chess on the beach. She watches them play for a moment, until suddenly all three women are sitting on the same side of the chess-board. The women continue playing their game while Deren's character distracts them by lovingly stroking their hair. Unexpectedly, Deren's character snatches a pawn from the chess-board and runs away. As she runs, she travels through all the previous scenes of the film, and as she does so, her previous self from each of the scenes looks up to observe her. The film ends with a shot of Deren's character running down the beach with the pawn piece in hand.

Many writers agree that *At Land* deals with the subject of oppositional binaries, yet how those binaries operate in the film is seen in different ways. Maria Pramaggiore (2001) reads Deren's work through a bisexual lens and sees this stealing of the chess piece as a refusal of the social dualism represented by the game of chess (251-252). However, as we have seen, a BPD reading sees this game of chess not as a binary but as instability. Sarah Keller's reading of this film provides a way to incorporate this instability by addressing themes in the game of chess. The fact that Deren's character attempts to rescue away a pawn piece throughout the scenes in the film and also observes others playing games of chess positions her between the binary of



chance and mastery (Keller 2015, 90-94). The character attempts to be both inside and outside the game and is conflicted regarding which position to occupy. The pawn piece risks being disqualified from the game, and to save this piece from disqualification, the woman attempts to master the game by separating the piece from its relative context. However, this does not allow for the game to conclude because the events in the film still position the woman within a larger game (94).

This final scene of the film gives understanding to the BPD symptom of paranoid-ideation (American Psychiatric Association 2013). In a rapidly shifting social context, the individual with BPD may become paranoid that at any moment their sense of self could be invalidated. Even if they attempt to master a situation and develop a keen social awareness, avoiding invalidation becomes more difficult when in the presence of multiple conflicting points of view or a quickly shifting environment. Feeling threatened by the possibility of invalidation, an individual might dissociate themselves from others. However, dissociation is not an effective way of existing in society, just as running away with a chess piece is not an effective way to play a game. Attempting to separate one's self from social/cultural contexts also leaves one without a way of making meaning. Struggles to balance these realities of chance and mastery are present in both the film and the symptoms of patients diagnosed with BPD. Keller (2015) writes:

Deren frequently expressed her interest in a state that would accommodate being simultaneously inside and outside of a situation, signaling her desire for both the immediacy of direct experience and the distance required for seeing it as part of a larger pattern or system. Placement such as being both pawn and master of the game of chess – at once inside and outside – announces *At Land's* investigation of subjective vs. objective positions. (94)

The self, as laid out by Boddy, suggests that finding a place within society through which one can make meaning of the world and finding a critical distance from society to facilitate growth

are both important elements. In a rapidly changing, fractured environment, identifying a single validated place within society becomes difficult. An individual with BPD may desire to distance themselves from situations in which they could be invalidated, but complete abandonment of social situations also leaves one without a sense of self.

DBT's advice for this conundrum that Deren describes is called "wise mind." Wise mind creates what Marsha Linehan (2014) calls a "synthesis of extremes" (225). It is a merging of both analysis and experience, or a merging of both our construct of reality that provides us with a moral order and our experiences that defy this moral order. To go between extremes, focusing solely on detached analysis or focusing solely on emotion, creates either a lack of empathy or a lack of effectiveness respectively (225). Linehan suggests that "we replace 'either – or' with 'both – and' thinking" in order to achieve this dialectical wise mind (226). If we use only our own construct of reality to make sense of the world, then we risk invalidating other's realities. However, if we only focus on the unstable nature of experience then we are without the ability to make sense of those experiences. One of the ways of cultivating this synthesis is being willing instead of willful (84-85). Being willful means that a person focuses solely on the way they think things 'should' be, while being willing means that a person accepts things for what they are and focuses on effectiveness in each moment. This requires a consideration of our own values and others' emotions.

Although this is effective treatment for BPD patients, contemporary American consumer society could also benefit from the synthesis of these extremes. Currently, people in a borderline society often push forward with what they think is right while ignoring the relative nature of right/wrong and how their willfulness affects others. By accepting the unstable nature of meaning and values and by realizing that our integration with society is necessary for making

meaning, we find a new moral order based on Davis's (2002) assertion that difference is what unites us and social dependence is the norm (26).

The final film that I will be addressing is an hour-long experimental documentary entitled *Handsworth Songs* (1986), created by the Black Audio Film Collective. This film about the Handsworth riots, which took place in London in 1985, is unconventional in the sense that it does not include footage of the actual riots themselves. Instead, the film shuffles between scenes of police patrolling the streets, interviews about community members' understandings of the riots, archival footage of black migrants, and footage of the news media's reports. The images are accompanied by unpredictable music and a poetic voiceover. The one voiceover phrase that is often cited from this film is: "there are no stories in the riots, only the ghosts of other stories." The film aims to show that although the news media wants to make sense out of the riots themselves, the stories of why the riots occur actually lie in the history of the black British and black migrant experience. Similar to the understanding of BPD that I have laid out, contextualized experience, not symptoms, provide understanding.

Footage of journalists filming, aesthetically distanced news articles about the riots, and politicians calling the riots "senseless occasions completely without reason" show how these individuals are constantly disabled by the dominant narrative in British society. These features of the film indicate that society is relying on a dominant, culturally constructed moral order instead of trying to understand an experience different from their own. In an interview with ARGOS Centre for Art and Media, director John Akomfrah (2014) explains that these rioters were the offspring of the original black migrants to Great Britain. These young people, coming of age in the early 1980s, came to occupy identities between the conceptual categories of British and black migrant. The film attempts to find expression for these issues of identity by placing archival

footage of migrants traveling to England throughout the film. In this globalized context, the offspring of these migrants formed a new identity, one that was both black and British. It was the first time that British society had to find a way of fitting these individuals into the symbolic order. Akomfrah explains that these individuals were without a sense of belonging. They did not know the ‘homeland’ of their parents, but they were also negatively stereotyped and connected with that migrant population by the dominant narratives of British society (Akomfrah 2014). They came to have a very conflicted relationship with their social environment.

In an article written for *The Guardian* in 1987, Salman Rushdie criticizes *Handsworth Songs* for not including more diverse voices of individual subjects involved in the riots. With this lack, he asserts that *Handsworth Songs* has not found a language with which they can communicate these unique and diverse British perspectives (Rushdie 2000, 261-263). However, continually dividing marginalized individuals is precisely the problem for Lennard Davis, and the multitude of subjectivities is problematic for a patient with BPD. This is not to suggest that we shouldn’t try to understand and validate the diverse perspectives that exist. But it is suggesting that we need to address how we are all non-standard and avoid the pitfalls of strictly adhering to a single, stable moral order. If we continually create more distinct voices without providing a social order that offers validation for diversity, are we creating equality or only dividing and competing with one another? Davis would suggest that continually dividing our identities only distracts us from the fact that our difference actually unites us.

In a response to Rushdie’s assertion that *Handsworth Songs* fails to find an effective language, Stuart Hall (2000) writes: “[w]hat I don’t understand is how anyone watching the film could have missed the struggle which it represents, precisely, to find a new language. The most obvious thing to me about the film is its break with the tired style of the riot-documentary” (264).

In a sense, the film is about a battle over signification. It is this new language that aims to include this new identity, one caught between categories of the old narratives. A new language between categories challenges the borderline society of extremes, the all-or-nothing mindset. This new language expresses the unstable nature of identity and attempts to give a voice to this realistic grey area. When the film repeats “there are no stories in the riots, only the ghosts of other stories,” it is asking us not to interpret the riots with our old judgments and stereotypes, but instead to find the source of these “symptoms.”

One of the key elements of DBT is called “checking the facts” (Linehan 2014, 319). This behavioral skill asks individuals to rely only on the facts that they can observe and not jump to judgment by using old assumptions. *Handsworth Songs* shows us that we cannot understand the riots merely by applying our old assumptions. Instead, finding the source in cultural issues of identity provides a way to move towards dismodernism. As we have seen that BPD symptoms have greater social causes, so too do the riots have greater social causes based on issues of identity. The riots and the anger they express are said to be without reason, and the BPD diagnosis itself, characterized by intense anger, is stigmatized as irrational by its’ categorization as a mental ‘disorder.’ But in both instances this anger is the product of not fitting into the dominant symbolic order and being stigmatized and invalidated as a result. Anger and frustration express a need for social rapprochement that offers validation.

### *Conclusion*

The diagnosis of BPD has been stigmatized through its symptoms of emotional instability and its perception of being difficult to treat. This narrow view of the disorder distracts us from the greater social issue of how to maintain a stable validating identity in a contemporary Western

environment. In trying to define or categorize individuals through a medical model, societal institutions forgo their opportunity for growth. The self, dismodernism, and DBT represent processes and not definitive categories that resist change. At the same time, it is important for groups and individuals to have a validating moral order to make sense of the world. An ideology based on the constant of change, difference, and dependence creates a way of making meaning that refuses to invalidate or disqualify individuals. This constant process of recognizing the changing dynamics of identity allows for growth, and the realization that we are dependent on culture for making sense of our world creates a social rapprochement. It gives validating borders to all, when all are seen as non-standard.

To bring about these changes, it seems that not only individuals, but also societal institutions must begin to reflect this new ideology of instability. DBT provides us with the specifics of that new way of looking at the world. We must start by not willfully insisting on what we think should be, but instead start from the place of considering what is. If insurance companies think that all diagnoses should be treatable according to a fixed set of standards, this leaves room for disqualification and creates barriers to access for any who fall outside these standards. Accepting ‘what is’ is not a one-time event due to the constant change of relations in the world. Any one road to salvation is a myth that only perpetuates suffering. Our ability to look at ourselves critically and adjust to our rapidly changing environment is perhaps the only kind of social rapprochement that we can justify.

Art provides a way to think critically about what a human being is. Film art, by way of manipulating time and space, allows us to focus on the rapidly shifting nature of the self in our contemporary context. In this way, we can start to see a patient diagnosed with BPD not as abnormal, but as simply a human being. Although I have addressed only a small number of

films, these readings still provide us with a way of understanding the problems and causes of the unstable self. The often non-linear narratives of experimental films force us to look and find meaning in new ways. These three films encourage us to find meaning in instability and difference. If we can increasingly incorporate this new view as both individuals and societal organizations, we get closer to Davis's dismodernism.

The subject matter of this essay may appear extensive, but if its focus were to be more specific, it would be difficult to arrive at the argument of how to accomplish dismodernism. BPD's unstable self, or empty self, lends itself to discussing issues of identity that have broad applications. Much can still be learned from individuals facing BPD symptoms. Few works have attempted to document the words of the patient themselves. Additionally, seeing how symptoms are dealt with in commercial and experimental film may aid in further understanding how stigma of the diagnosed comes to take shape. At present, a strictly medical view of mental disability reduces the socially valuable complexity of an individual's experience and creates the possibility for individuals to be disqualified from contributing to public discourse. This makes it ever more urgent for us to investigate what insight into our own society can be extracted by valuing the experiences of those who exhibit so-called "abnormal" behavior, thinking, or affect.

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